

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

JAAFAR ALAMILI

V.

RUTH A. DOROCHOFF, in her official
capacity as District Director of United States
Citizenship and Immigration Services.

CASE NUMBER: 08CV2768

JUDGE ANDERSEN

ASSIGNED JUDGE: MAGISTRATE JUDGE MASON

DESIGNATED

MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

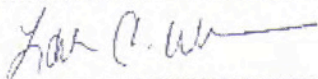
U.S. District Attorneys, N.D. IL
219 S. Dearborn, Suite 500
Chicago, IL 60604

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Law Offices of Kameli & Associates, P.C.
111 E. Wacker Drive, Suite 555
Chicago, IL 60601

an answer to the complaint which is herewith served upon you, within 60 days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the
relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time
after service.

Michael W. Dobbins, Clerk



(By) DEPUTY CLERK

May 13, 2008

Date



AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>05/19/08</u>	
NAME OF SERVER (PRINT) <u>JANET JANDW</u>	TITLE <u>Clerk</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<input checked="" type="checkbox"/> G Served personally upon the defendant. Place where served: <u>219. S Dearborn</u> <u>Suite 500 Chicago IL 60604</u>		
<input type="checkbox"/> G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> G Returned unexecuted: _____ _____ _____		
<input type="checkbox"/> G Other (specify): _____ _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL <u>0</u>	SERVICES <u>0</u>	TOTAL <u>0</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p>		
Executed on <u>6/30/08</u>	<u>[Signature]</u> Signature of Server	
<u>111 E WACKER DR #555</u> Address of Server <u>Chicago IL 60601</u>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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CASE NUMBER: 08CV2768
JUDGE ANDERSEN
ASSIGNED JUDGE: MAGISTRATE JUDGE MASON
DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

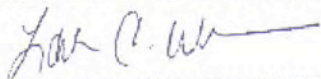
Ruth A. Dorochoff
Director, USCIS
101 W. Congress Pkwy.
Chicago, IL 60603

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Law Offices of Kameli & Associates, P.C.
111 E. Wacker Drive, Suite 555
Chicago, IL 60601

an answer to the complaint which is herewith served upon you, within 60 days after service of this
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NAME OF SERVER (PRINT) <u>JANET JANDW</u>	TITLE <u>Clerk</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<p>G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p>G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>G Returned unexecuted: _____</p> <p>_____</p> <p>_____</p> <p>G Other (specify): <u>U.S. Postal Service Certified Mail Return</u></p> <p><u>Receipt # 7005 310 0000 5018 7158</u></p> <p>_____</p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL <u><input checked="" type="checkbox"/></u>	SERVICES <u>\$6.07</u>	TOTAL <u>\$6.07</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>6/30/08</u> _____</p> <p style="text-align: center;">Date Signature of Server</p> <p style="text-align: center;"><u>111 E. WACKER DR. # 1555</u></p> <p style="text-align: center;">Address of Server <u>Chicago IL 60601</u></p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

7005 3110 0000 5018 7158

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CHICAGO IL 60603

Postage	\$ 1.17	0013
Certified Fee	\$2.70	08
Return Receipt Fee (Endorsement Required)	\$2.20	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.07	

Postmark Here

Sent To *Ruth A. Dorochoff, Director, USCIS*

Street, Apt. No.,
or PO Box No. *101 W. Congress Pkwy.*

City, State, ZIP+4 *Chicago, IL 60603*

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Ruth A. Dorochoff
 Director, USCIS
 101 W. Congress Pkwy.
 Chicago, IL 60603*

M. Jackie Plonitski

2. Article Number

(Transfer from service label)

7005 3110 0000 5018 7158

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *B.K.Z.*

☐ Agent☐ Addressee

B. Received by (Printed Name)

B.K.Z.

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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V.

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CASE NUMBER: 08CV2768
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ASSIGNED JUDGE: MAGISTRATE JUDGE MASON
DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

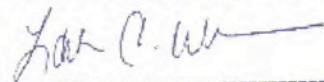
Michael Mukasey
Attorney General, U.S. DOJ
950 Pennsylvania Ave.
Washington, D.C. 20530-0001

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Law Offices of Kameli & Associates, P.C.
111 E. Wacker Drive, Suite 555
Chicago, IL 60601

an answer to the complaint which is herewith served upon you, within 60 days after service of this
summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the
relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time
after service.

Michael W. Dobbins, Clerk



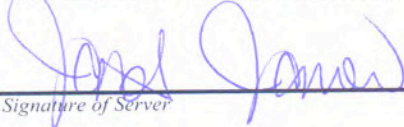
(By) DEPUTY CLERK

May 13, 2008

Date



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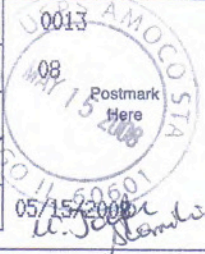
RETURN OF SERVICE		
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NAME OF SERVER (PRINT) <u>Janet Janow</u>	TITLE <u>Clerk</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<p><input type="checkbox"/> G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p><input type="checkbox"/> G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> G Returned unexecuted: _____</p> <p>_____</p> <p><input checked="" type="checkbox"/> G Other (specify): <u>U.S. P.S. Certified Mail Return Receipt</u></p> <p><u># 7005 3110 0000 5018 7134</u></p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL <u>✓</u>	SERVICES <u>\$ 6.07</u>	TOTAL <u>\$6.07</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>06/30/08</u> Date</p> <p style="text-align: right;"><u></u> Signature of Server</p> <p style="text-align: right;"><u>111 E. Wacker Drive #555, Chicago, IL 60601</u> Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <u>MAY 20 2008</u> B. Date of Delivery	
1. Article Addressed to: <u>Michael Murasey</u> <u>Atty. Gen., USDOJ</u> <u>950 Pennsylvania Ave.</u> <u>Washington, D.C. 20530-0001</u> <u>W. Jodan (Mamili)</u>		C. Signature <u>X</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <u>7005 3110 0000 5018 7134</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

7005 3110 0000 5018 7134

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
WASHINGTON DC 20530	
OFFICIAL USE	
Postage	\$ 1.17
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$2.20
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.07
	
Sent To <u>Michael Murasey / Atty. Gen. USDOJ</u>	
Street, Apt. No., or PO Box No. <u>950 Pennsylvania Ave.</u>	
City, State, ZIP+4 <u>Washington, D.C. 20530-0001</u>	
PS Form 3800, June 2002 See Reverse for Instructions	